

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

RECEIVED

Fill in Reporting Period dates: Beginning Date: Oct 1	19, 2013 Ending Date: Dec 31, 2013
<u> </u>	CITY CLERKS OFFICE
Type of Report: (Check one)	HAVERHILL, MA.
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
	35 day arter orosator
Colin LePage	Friends of Colin LePage Committee
Candidate Full Name (if applicable)	Committee Name
City Council - Haverhill	Kerrie LePage
Office Sought and District	Name of Committee Treasurer
5 Sunrise Drive, Haverhill, MA 01835	5 Sunrise Drive, Haverhill, MA 01835
Residential Address	Committee Mailing Address
Telephone Number (optional): (978) 372-8727	Telephone Number (optional): (978) 372-8727
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	2,695.73
Line 2: Total receipts this period (page 3, line 11)	1,515
Line 3: Subtotal (line 1 plus line 2)	4,210.73
Line 4: Total expenditures this period (page 5, line	ne 14) 3,053.8
Line 5: Ending Balance (line 3 minus line 4)	1,156.93
Line 6: Total in-kind contributions this period (pa	page 6) 0
Line 7: Total (all) outstanding liabilities (page 7)	7,774.66
Line 8: Name of bank(s) used: TD Bank	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind e finance activity of all persons acting under the authority or on behalf of this committee in a Signed under the penalties of perjury:	d contributions and liabilities for this reporting period and represents the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo)	oox only)
Candidate with Committee and no activity independent of the committee	he best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions,
Candidate without Committee OR Candidate with independent activity filing separate T certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements, comparing finance activity of all persons acting under the authority of on countries of this	the best of my knowledge and belief, a true and complete statement of all campaign tts, in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	(Candidate's signature) Date: Jan 20, 2014

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Nov 4, 2013	Colin LePage 5 Sunrise Drive Haverhill, MA 01835	1,000	Territory Manager Penn Engineering
Oct 25, 2013	Gregory & Susan Tashjian 14 Holly Lane Bradford, MA 01835	100	
		And the first state of the second finished and the sec	
		CONTROL OF	
Line 9: Total Rece	ipts over \$50 (or listed above)	1,100	
Line 10: Total Reco	eipts \$50 and under* (not listed above)	415	
Line 11: TOTAL RECEIPTS IN THE PERIOD		1,515	

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
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	ets over \$50 (or listed above)		
	ots \$50 and under* (not listed above) ECEIPTS IN THE PERIOD		
			← Enter on page 1, line 2 d include only those receipts not itemized above

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

	To Whom Paid	mittee name and a page number o	August Bulbar)	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
Date Faid	(alphabetical listing)	Taggi Cis	Thi pose of Expenditure	1 I I I I I I I I I I I I I I I I I I I
Nov 7, 2013	A Creative Experience	27002 Mill Pond Road Capistrano Beach, CA 92624	Postcard Design	200
Oct 31, 2013	Domain Hosting Service	Online Service Arizona	Domain Names	46.68
Nov 1, 2013	My Marketing Solution	60 Newark Street Haverhill, MA 01832	Postcard Mailing	2,767.18
Dec 4, 2013	Vistaprint	95 Hayden Avenue Lexington, MA 02421	Website Hosting	39.94
NAMES OF THE OWNER OF THE OWNER OF THE OWNER				
				and a light section of the lin
		Line 12: Total Expenditures o	ver \$50 (or listed above)	3,053.8
		Line 13: Total Expenditures \$5	50 and under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	3,053.8

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
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				No. 100-100-100-100-100-100-100-100-100-100	
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	THE RESIDENCE OF THE PROPERTY	And the second s			
		Para-activativa arronno accomo			
		Line 12: Expenditures over \$50	(or listed above)		
	Line 13: Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD If you have itemized expanditures of \$50 and under include them in line 12. Line 13 should include only those expanditures not itemized.					

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Date Received	FIOR WHOM RECEIVED	ACSIGERRAL AGGICAN	Description of Contribution	Value
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				100 - 1 - 10 - 10 - 10 - 10 - 10 - 10 -
	- Wilder State Of Sta		VINEA de distribution de la constant	
		Line 15: In-Kind Contributions over \$50 (or listed above)		
		Line 16: In-Kind Contributions \$50 & under (not listed above)		
	Enter on page 1 line 6 →			
Enter on page 1, line 6 -> Line 17: TOTAL IN-KIND CONTRIBUTIONS If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the remained and add				

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
PAST	Colin LePage	5 Sunrise Drive Bradford, MA 01835	candidate loan	6,774.66
Nov 4, 2013	Colin LePage	5 Sunrise Drive Bradford, MA 01835	candidate loan	1,000
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,				
	Enter on page 1, line 7	→ Line 18: TOTAL OUTS	TANDING LIABILITIES (ALL)	/,//4.66